

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/868009</div>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		1		1			52				
3		1		1			53				
4		1		1			54				
5		1		1			55				
6		5	1				56				
7		0		5			57				
8		0		1			58				
9		0		1			59				
10		0		1			60				
11		0		1			61				
12		0		1			62				
13		1		2			63				
14		0		1			64				
15		0	1				65				
16	1			1			66				
17		1		2			67				
18		2		2			68				
19		1		2			69				
20		0		2			70				
21		0	1				71				
22	1			1			72				
23		1		1			73				
24		1		2			74				
25		2		2			75				
26		2	1				76				
27	1			1			77				
28		6		1			78				
29		0		1			79				
30		6		1			80				
31		0		1			81				
32		1		1			82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	4		5				TOTAL IND.				
TOTAL DEP.	35		38				TOTAL DEP.				
TOTAL CLAIMS	39		43				TOTAL CLAIMS				